FORM D

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549



#### FORM D

1373864

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

	SEC USE	ONLY	
Prefix		Serial	
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Name of Offering ( check if this is an amendment and name has changed, and indicate change.)
Private Placement of Limited Partnership Interests of TWM Investment Partners, L.P.  Filing Under (Check box(es) that apply):  Rule 504 Rule 505 Rule 506 Section 4(6) ULOE
Trining Orlider (Critical box (es) that approy). El Rule 304 El Rule 305 El Rule 306 El Section 4(6) El OLOE
Type of Filing: New Filing 🗵 Amendment
A. BASIC IDENTIFICATION DATA
1. Enter the information requested about the issuer  Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)
TWM Investment Partners, L.P.
Address of Executive Offices (No. and Street, City, State, Zip Code) Telephone Number (Including Area Code)
5500 Preston Road, Suite 250, Dallas, Texas 75205 (214) 252-3261
Address of Principal Business Operations (No. and Street, City, State, Zip Code)  (if different from Executive Offices)  Telephone Number (Including Area Code)
Brief Description of Business
Investment Partnership Type of Business Organization
Corporation
business trust
Actual or Estimated Date of Incorporation or Organization:
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: TX
CN for Canada; FN for other foreign jurisdiction)
GENERAL INSTRUCTIONS
Federal:
11ho Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20349.
Copies Required: Five (5) copies of this notice must be filled with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.
Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.
Filing Fee: There is no federal filing fee.
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.  ATTENTION
Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.
Potential persons who are to respond to the collection of information contained in this form ore not required to respond unless the form displays a currently valid OMB control number.  SEC 1972 (2-97
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PROCESSED
SED 1000



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_			A. BASIC IDENTIF	ICATION DATA		
2.	Enter the information i	equested for the fo	llowing:			
x x x	Each beneficial owner issuer;	having the power t and director of cor	has been organized within the position of the over the porate issuers and of corporate thereby issuers	vote or disposition of, 10% o		· ·
	eck Box(cs) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☑ General and/or Managing Partner
TT Bu	Il Name (Last name first, 'G GP Management, In siness or Residence Add 00 Preston Road, Suite	c., General Partne ress (Number and S	Street, City, State, Zip Code)			
$\overline{}$	eck Box(es) that Apply:		☐ Beneficial Owner	☑ Executive Officer	☐ Director	General and/or Managing Partner
To Bu	ll Name (Last name first, lleson, John C., Preside siness or Residence Add 00 Preston Road, Suite	nt and Secretary ress (Number and S	Street, City, State, Zip Code) 75205			
	eck Box(es) that Apply:		☐ Beneficial Owner	☑ Executive Officer	☐ Director	General and/or Managing Partner
Be Bu	Il Name (Last name first, nnett, Eric W., Vice Pro siness or Residence Add 00 Preston Road, Suite	esident and Assist ress (Number and S	Street, City, State, Zip Code)			
	eck Box(es) that Apply:		☐ Beneficial Owner	☑ Executive Officer	☐ Director	General and/or Managing Partner
Gr Bu	Il Name (Last name first, eer, Stephanie, Vice Pr siness or Residence Add 00 Preston Road, Suite	esident and Assist ress (Number and S	Street, City, State, Zip Code)			
	eck Box(es) that Apply:		☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Fu	Il Name (Last name first	, if individual)				
Bu	siness or Residence Add	ress (Number and	Street, City, State, Zip Code)			
Ch	eck Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Fu	Il Name (Last name first	, if individual)				
Bu	siness or Residence Add	ress (Number and	Street, City, State, Zip Code)			
Ch	eck Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Fu	II Name (Last name first	, if individual)				
Bu	isiness or Residence Add	ress (Number and	Street, City, State, Zip Code)			

	B. INFORMATION ABOUT OFFERING  Have the increase reald as close the increase intend to call to pure proposition investors in this offering?  Yes No. 10.													
i. Ha	. Has the issuer sold or does the issuer intend to sell, to non-accredited investors in this offering?  Answer also in Appendix, Column 2, if filing under ULOE.												Yes	No 🗵
2. W	. What is the minimum investment that will be accepted from any individual?												\$ <u>100</u> ,	000.00
3. Do	Does the offering permit joint ownership of a single unit:												Yes ⊠	№ □
inc of reg (5)	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.													ш
Full Na	me (Lasi	t name f	irst, if in	dividual	1)									
Busines	s or Res	idence A	Address (	Number	r and Str	ect, City	, State,	Zip Cod	le)					
Name o	f Associ	ated Bro	ker or D	Pealer			· <del>····</del> ··			<del></del>	· - , - <del>,</del>			
	n Which													All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[MT]	(NE)	[NV]	[NH]	(NJ)	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
[RI]	[SC]	[SD]	[TN]	[XT]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Full No	me (Las	t name f	irst, if in	dividua	l)		-							
Busine	ss or Res	idence A	Address	(Numbe	r and Str	eet, City	, State,	Zip Coc	le)					
Name o	f Associ	iated Bro	oker or E	Dealer										
	n Which													All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	(DE)	[DC]	(FL)	[GA]	[HI]	[ID]		7tti Otatos
[IL]	[IN]	[1A]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[MT]	[NE]	 [אע]	[NH]	[NJ]	(NM)	[NY]	[NC]	[ND]	(OH)	[OK]	[OR]	[PA]		
[RI]	[SC]	[SD]	[TN]	[XX]	[UT]	[VT]	[AV]	[WA]	[WV]	[WI]	[WY]	[PR]		
Full Na	me (Las	t name f	irst, if in	dividua	l)			<del></del>			<del></del>			-
Busine	ss or Res	idence /	Address	(Numbe	r and Str	rect, Cit	y, State,	Zip Coo	ie)					
Name o	of Assoc	iated Bro	oker or E	Dealer				***				en e		
	n Which												П	All States
(Check	An Su	nes or c	meek me	lividuai	States),	**(********	******		• • • • • • • • • • • • • • • • • • • •			*************************		All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[1D]		
[IL]	[1N]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[M1]	[MN]	[MS]	[MO]		
[MT]	(NE)	[NV]	[HM]	[NJ]	[NM]	[YY]	[NC]	[ND]	(OH)	[OK]	[OR]	[PA]		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

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1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box $\square$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security	Aggrega Offering P		Απ	nount Already Sold
	Debt	\$ 0		\$	0
	Equity	\$ 0		\$	0
	□ Common □ Preferred	<u> </u>		<b>~</b>	Y
	Convertible Securities (including warrants)	\$ 0		æ	0
	Partnership Interests.		2.00	۰	5,530,000.00
	Other (Specify)	\$ 5,530,000	3.00	"—	0
		\$ 0		\$	
	Total	\$ <u>5,530,00</u> 0	0.00	\$	5,530,000.00
	Answer also in Appendix, Column 3, if filing under ULOE				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if the answer is "none" or "zero,"				
	·	Numbe	r		Aggregate
		Investor	rs	D	ollar Amount
				C	of Purchases
	Accredited Investors	7		\$	5,530,000.00
	Non-accredited Investors	0		\$	0
	Total (for filings under Rule 504 only)	N/A		\$	N/A
	Answer also in Appendix, Column 4, if filing under ULOE				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.	_			
	Type of offering	Type o		D	ollar Amount Sold
	Rule 505	Securit N/A	У	\$	N/A
	Regulation A	N/A		ē.	N/A
	•			⊅	N/A
	Rule 504			\$	
	Total	N/A		\$	N/A
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the secu this offering. Exclude amounts relating solely to organization expenses of the issuer. The informable given as subject to future contingencies. If the amount of an expenditure is not known, furnish estimate and check the box to the left of the estimate.  Transfer Agent's Fees	ation may an		\$	0
	Printing and Engraving Costs	******		\$	_0
	Legal Fees		×	\$	10,000
	Accounting Fees			\$_	0
	Engineering Fees			\$	0
	Sales Commissions (specify finder's fees separately)			\$	0
	Other Expenses (identify)			\$	0
	Total		×	\$	10,000

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	C. OFFERING PRIC	E, NUMBER OF INVESTORS, EXPENSES	S AND USE	OF PR	OCEED	S
	and total expenses furnished in respons	gregate offering price given in response to Part C-Q e to Part C-Question 4.a. This difference is the "ad	justed gross			\$_5,520,000.00
5.	each of the purposes shown. If the amo	ted gross proceeds to the issuer used or proposed to bunt for any purpose is not known, furnish an estimate. The total of the payments listed must equal the access to Part C-Question 4.b. above.	ate and			
				Ó! Dire	ments to ficers, ectors, & filiates	Payments To Others
	Salaries and fees			\$		\$
	Purchase of real estate			\$		\$
	Purchase, rental or leasing and in	stallation of machinery and equipment		\$		\$
	Construction or leasing of plant l	ouildings and facilities		\$		\$
		including the value of securities involved in this off assets or securities of another issuer pursuant to a n		\$		\$
	Repayment of indebtedness			\$		\$
	Working capital			\$		\$
	Other (specify) (investments)			\$	⊠	\$_5,520,000.00
	Column Totals			\$	<u> </u>	\$_5,520,000.00
	Total Payments Listed (column t	otals added)	••••••		\$ <u>5,</u> 5	520,000.00
		D. FEDERAL SIGNATURE				
signa	ature constitutes an undertaking by the is	igned by the undersigned duly authorized person. I suer to furnish to the U.S. Securities and Exchange n-accredited investor pursuant to paragraph (b) (2)	Commission,			
İss	uer (Print or Type)	Signature	Date			
TV	VM Investment Partners, L.P.	Attelianie Oper	Septemb	er <u>//</u> ,	2006	
Na	une of Signer (Print or Type)	Title of Signer (Print or Type)				
Sto	ephanie Greer	Vice President and Assistant Secretary of TT	G GP Manage	ment, Ir	c., general	partner
		ATTENTION				
	Intentional misstatements o	r omissions of fact constitute federal crimin	nal violations	. (See	18 U.S.C	. 1001).

		E. STATE SIGNATURE										
ι.	rule?	resently subject to any of the disqualification provi	sions of such	Yes	No ⊠							
	Sec Appendix	c, Column 5, for state response.										
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.											
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.											
4.		suer is familiar with the conditions that must be so which this notice is filed and understands that the at these conditions have been satisfied.										
	e issuer has read this notification and knows the lersigned duly authorized person.	he contents to be true and has duly caused this not	ice to be signed on its	behalf by the								
Issu	ucr (Print or Type)	Signature //	Date									
TW	M Investment Partners, L.P.	Maphanie Cher	September <u>U</u> , 2000	5								
Na	ne of Signer (Print or Type)	Title of Signer (Print or Type)										
Ste	phanie Greer	Vice President and Assistant Secretary of TTG C	GP Management, Inc.,	general partn	er							

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

## APPENDIX

Company of the Compan

1		2	3	······································	4			5		
	non-acc investor (Par	o sell to credited s in State rt B- n 1)	Type of security and aggregate offering price offered in state (Part C- Item 1)	Турс	Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount			
AL										
AK										
AZ										
AR										
CA										
СО										
СТ										
DE										
DC										
FL										
GA										
HI										
ID										
IL										
IN										
IA										
KS										
KY										
LA										
ME										
MD										
MA										
MI										
MN										
MS										
МО										

## APPENDIX

i		2	3	5					
	non-ac investor (Pa	to sell to credited s in State rt B- n 1)	Type of security and aggregate offering price offered in state (Part C- Item 1)	Турс с	Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Accredited Accredited				
MT									
NE					****				
NV									
NH					····				
NJ									
NM									
NY									
NC							· · · · · · · · · · · · · · · · · · ·		
ND									
ОН		†····							
ок									
OR									
PA									
RI									
SC									
SD								·	
TN									
тх		No	Limited Partnership Interests \$4,630,000	6	\$4,630,000	0	\$0	No	
บา									
VT									
VA									
WA									
WV									
WI									
WY									

#### APPENDIX

1		2	3		5			
	Intend to sell to non-accredited investors in State (Part B-ltem 1)  Type of security and aggregate offering price offered in state (Part C-ltem 1)			Туре	of investor and amoun (Part C-Iten		le	Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	
PR	ļ.,							